	FILED UNDER 35 U.S.C. 37
U.S	. UTILITY Patent Application
APPLICATION NUMBER	FILING DATE CLASS SUE

PATENT NUMBER and ISSUE DATE

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		Assistant Examiner	Total Claims		rint Claim for .G
ISSUE FEE			DRAWING		
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Amount Due	Date Full	Ì	ļ		
		Primary Examiner			
TERMINAL DISCLAIMER		PREPARED FOR ISSUE	Application Examiner		
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